

MAY 9 1983

233-177 (x77)

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date April 25, 1983 Application Number DHR 83-8		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Commissioner's Office Office of Regulatory Services Standards and Licensure 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30308		ARCHIVES AND HISTORY Application Number 74-175-A Date Received 3 1983 Date Completed APR 27 1983 SEP 12 1983	
2. Person to Contact Clyde R. Roy, Director Effie Taylor		Working Title Telephone Number 894-5137			
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 74-175-A Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void - change retention to make uniform with retention periods for other files series in this unit					
4. Dates of Series Earliest Latest		5. Records Series Title (followed by title used in office, if different) Medicare Medical Care Facilities (Title XVIII) Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Included are: File is arranged:					
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? OK!					
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)	a. Is this the official copy of the series? If not, where is it?	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.	c. Is this a vital record?	d. Does this series have historical or long term research value?	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?	f. Is the information contained in this series ever published? If yes, attach copy.	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?	i. Is this series (or a major portion of it) regularly microfilmed?	j. Does the record series result in a computer printout?
11. Retention Requirements The following requires the series to be kept:												
a. State Law years. _____ b. Statute of limitation years. _____ c. Federal law years. _____												
d. Audit period years. _____ e. Administrative need years. _____ f. Federal retention instructions years. _____												
* records needed in event legal questions may arise * see attached - United States Department of Health, Education, & Welfare State Operations Manual - Medicare - April, 1980 12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each: <input checked="" type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other _____ then, <input checked="" type="checkbox"/> Hold in the current files area _____ month(s) _____ year(s); then <input type="checkbox"/> Transfer to local holding area; hold _____ year(s); then <input checked="" type="checkbox"/> Transfer to State Records Center; hold _____ year(s); then <input checked="" type="checkbox"/> Destroy, EXCEPT THAT: Files for years ending in 0 will be transferred to State Archives for Permanent Retention. <input type="checkbox"/> Transfer to State Archives for permanent retention. <input type="checkbox"/> Other (Specify) _____												
These instructions apply to all prior and future accumulations of the series.												
Agency Head/Designee (Signature) _____ Date 4-21-83 Elizabeth W. Crank, CRM-RMA Records Management Officer (Signature) _____ Date 4/22/83 Elizabeth W. Crank, CRM-RMA State Records Committee (Signature) _____ Date 8-25-83 State Auditor/Designee _____ Secretary of State/Designee _____ Attorney General/Designee _____												

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date <u>November 21, 1979</u> Application Number <u>DHR-47</u>		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Commissioner Office of Regulatory Services Standards & Licensure Section 618 Ponce de Leon Avenue, N. E. Atlanta, Georgia 30308		ARCHIVES AND HISTORY Application Number <u>74-175-A</u> Date Received <u>NOV 27 1979</u>		Date Completed <u>DEC 31 1979</u>	
2. Person to Contact <u>Mr. F. E. Massengill</u>		Working Title <u>Quality Assurance</u>		Telephone Number <u>894-5137</u>			
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. - extend retention period to 6 years c. <input checked="" type="checkbox"/> Amend Application No. <u>74-175-A</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void							
4. Dates of Series Earliest _____ Latest _____		5. Records Series Title (followed by title used in office; if different) <u>Medicare Medical Facilities Title XVIII Files</u>					
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description Documents relating to: Included are:		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
The file is arranged :							
8. Monthly Reference Rate One to six months old _____ ; twenty-five months and older _____		How often are records referred to which are: Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ;					
9. Annual Rate of Accumulation of Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____							

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | 6 years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see attached letter, dated October 24, 1979, from Department of Health, Education, and Welfare - Region IV - Regional Standards and Certification State Letter No. 30-79.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) 2 year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold 4 year(s); then

* ☒ Destroy

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

* EXCEPT THAT: Files for years ending in 0 will be transferred to State Archives For Permanent Retention.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Raymond J. Hereth LEB		Elizabeth W. Crank	11/21/79
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		12-19-79
	Secretary of State/Designee	Carroll Hart	12-21-79
	Attorney General/Designee	MD Shell	12-28-79

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | 5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

* in conformance with the retention period approved for Medicaid facilities under TITLE XIX

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then.

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☒ Transfer to State Records Center; hold 3 year(s); then

* ☒ Destroy.

- ☐ Transfer to State Archives for permanent retention.
☐ Other (Specify)

* Exception - retire 1 cubic foot (random sampling of the file) each year to the State Archives for permanent retention

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	10/8/76	<i>[Signature]</i>	10/8/76
State Records Committee (Signature)			
State Auditor/Designee		Date	
Secretary of State/Designee		Date	
Attorney General/Designee		Date	
		10-14-76	
		10/13/76	
		10/15/76	

Recommendations in paragraph 12 are approved.
 (If disapproved, attach letter of explanation.)



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date May 29, 1974		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed	
2. Agency Application No. DHR-DPH-28				MAY 31 1974 74-175 JUN 18 1974	
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources, Divn. of Physical Health Medical Facilities Licensure and Certification Unit 618 Ponce de Leon Avenue Atlanta, Georgia 30308				Person to Contact Raymond J. Hereth	
				5. Working Title Chief	
				6. Tel. No. 894-5137	

7. ACTION REQUESTED *To Amend #125*

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series April, 1966 - to present	9. Exact Series Title MEDICARE MEDICAL FACILITIES FILE - TITLE XVIII
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10. What is the function of the office in which this record series is created?

The Division of Physical Health, headed by the Director, is responsible for the administration, direction and coordination of the Physical Health programs in the State. Included are the establishment of health standards for businesses, housing, field operations and hospitals throughout the State (Health Standards and Licensure); the improvement of the health of the residents of the State directed towards adults and children (Physical and Dental); the diagnosis and control of diseases (Disease Control); the supervision of construction and licensure of health facilities, along with the Cancer Assistance Program (Medical Care).

Medical Facilities Licensure and Certification Unit, through investigation, inspection, and evaluation, determine the adequacy of facilities and services in relation to requirements for the licensure and certification of hospitals, nursing homes, home health agencies, laboratories, portable X-ray services, and rehabilitative agencies for participation in Titles XVIII, XIX, and VI programs.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the licensing of hospitals and nursing homes in Georgia which participate in the Medical Assistance Program - Title XVIII.

Included are applications for participation as a medical provider, general correspondence, survey report forms, utilization review plans, transfer agreements, plans of correction of deficiencies, and other material relating to certification of the facility.

The file is arranged alphabetically by name of facility

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers		14	21		14	21
Legal-size File Drawers				Floor Space Occupied (Square Feet)	37	
				AVERAGE DAILY REFERENCES	23	5 0 0

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [x]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [x] ☐ []
Confidential.- Section 1106 Social Security Act.
17. Does the series initiate, amend or terminate agency policies and procedures? ☒ [x] ☐ []
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ []
With extreme difficulty
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ [x] ☐ []
Title XVIII Social Security Act
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Title XVIII Social Security Act - Public Law 89-97.

This amendment requested by Department of Archives and History

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER _____, then:

Hold in current files area 2 years;

Transfer to State Records Center and hold 1 year;

Then Records Center will retire a sampling of 1 cubic feet to State Archives;

Destroy remainder of file.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William F. Lee</i>	5/30/74		
25. Recommendations in paragraph 25 are:	Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Raymond H. Smith</i>	5/31/74
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Hoyer</i>	6-14-74
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	6-17-74
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>W. M. Hoyer</i>	6-18-74

STATE RECORDS
COMMITTEE



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date 4-18-72		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE					
2. Agency Application No. GDPH - 9				Date Received MAY 1 1972		Application No. 125			
3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Public Health 47 Trinity Avenue, S. W. Atlanta, Georgia 30334		4. Person to Contact Raymond J. Hereth		5. Working Title Program Management Officer		6. Tel. No. 656-4685			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.									
8. Inclusive Dates April, 1966-Present		9. EXACT SERIES TITLE Medicare Medical Facilities File - Title XVIII							
10. What function performed resulted in creation of this series A medical facility in Georgia submits application to participate in a program as a provider of Medical Service to the elderly in hospitals, extended care facilities, home health agencies, independent laboratories, outpatient physical therapy clinics, and portable x-ray services. These facilities are surveyed by the Licensure Service to determine compliance with Federal and State standards. They are either approved or denied participation in the medical program based primarily on the recommendations of this Department to the Secretary of HEW.									
11. DESCRIPTION OF SERIES - Include Form No. & Form Title, if any This series consists of applications for participation as a medical provider, general correspondence, survey reports forms, utilization review plans, transfer agreements, plans of correction of deficiencies, and other material relating to certification of the facility. They are filed alphabetically by type of facility.									
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION		No. of Drawers	Cu. Ft. of Records		
Letter-size File Drawers		14	21	FLOOR SPACE OCCUPIED (Square Feet)		14		21	
Legal-size File Drawers						In Office(s)		In Storage Area(s)	
				By Annual Accumulation		This Year's	Last Year's	Preceding Year's	All Prior Years'
				AVERAGE DAILY REFERENCES		23	5	0	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ YES ☐ NO
14. Is there a duplication of this series in another office or agency? ☐ YES ☒ NO
15. Area III has Xerox copy of material relating to its section
Is the information contained in this series ever summarized or published? ☐ YES ☒ NO
16. Does the series contain classified information requiring security handling?
Confidential - Section 1106 Social Security Act ☒ YES ☐ NO
17. Does the series document policies and procedures of agency's operation or function? ☒ YES ☐ NO
18. Could the function be performed if the files were lost or destroyed?
With extreme difficulty ☒ YES ☐ NO
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ YES ☒ NO
20. Does the record series provide data as input to an EDP file? ☐ YES ☒ NO
21. Does the record series contain documentation produced as EDP printout? ☐ YES ☒ NO
22. Is the series affected by Federal or grant funds?
Title XVIII Social Security Act ☒ YES ☐ NO
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ YES ☒ NO

24. REQUIREMENTS. The following requires the files to be kept three (3) years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Title XVIII Social Security Act Public Law 89-97

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER, then:

A. ☐ Destroy immediately after cut off.

B. ☒ Hold in current files area _____ month(s) / Two (2) year(s), then:

1 ☐ Destroy.

2 ☒ Transfer to records center; hold One (1) year(s), then:

a ☒ Destroy.

b ☐ Transfer historical material to Archives; destroy remainder.

3 ☐ Destroy after audit (or _____ year(s) after audit).

C. ☐ Hold in current files area indefinitely.

D. ☐ Hold in current files area _____ year(s), then transfer to Archives permanently.

E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

Disposition of these records is prescribed by the Central Office - Social Security Administration - Baltimore, Md. See letter attached.

(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)

26. Inventory taken by Raymond J. Hereth	Recommendations prepared by <i>[Signature]</i>	Approved for Division Date <i>[Signature]</i>	Records Management Officer Date <i>[Signature]</i> 4-15-72
Recommendations in Paragraph 25 are:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Head of Agency <i>John H. Venable, Jr.</i>	Date
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director of Records <i>William M. Nixon</i>	Date 5-1-72
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Secretary of State/Designee <i>Cassell</i>	Date 4-28-72
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director of Records <i>W. A. Steele</i>	Date 5-4-72